

Safety or Environmental Violations and Experience Modification Rate

"All Bidders/Offerors shall submit the following information pertaining to their past Safety Environmental record. The information shall contain, at a minimum, a certification that bidder/offeror has no more than three (3) serious, or one (1) repeat or one (1) willful OSHA any EPA violation(s) in the past three years.

All Bidders/Offerors shall submit information regarding their current Experience Modification Rate (EMR) equal to or less than 1.0. This information shall be obtained from the bidder's/offeror's insurance company and be furnished on the insurance carrier's letterhead. Self insured contractors or other contractors that cannot provide their EMR rating on insurance letterhead must obtain a rating from the National Council on Compensation Insurance, (NCCI) by completing/submitting form ERM-6 and providing the rating on letterhead from Note:

Self insured contractors or other contractors that cannot provide EMR rating on insurance letterhead from the states or territories of CA, DE, MI, NJ, ND, OH, PA, WA, WY, and PR obtain their EMR rating from their state run worker's compensation insurance rating bureau.

A *Determination of Responsibility* will be accomplished for the apparent awardee prior processing the award. The above information, along with other information obtained from Government systems, such as the OSHA and EPA online inspection history databases used to make the *Determination of Responsibility*. Failure to affirm being within the guidelines above or submit this information will result in a determination of "Non-Responsibility" for bidder/offeror. NOTE: Any information received by the Government that would cause for negative *Determination of Responsibility* will make the bidder/offeror ineligible for award.

This requirement is applicable to all subcontracting tiers, and prospective prime contractors responsible for determining the responsibility of their prospective subcontractors. "

**OPTIONAL SAMPLE FORM FOR BIDDER/OFFEROR TO
COMPLETE & SUBMIT WITH BID/PROPOSAL
(FROM CFM WEBSITE)**

Pre-Award Contractor Evaluation Form

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Contact: _____

1. Utilizing your OSHA 300 Forms, please complete the following information:

Category	2008	2009	2010	2011
Number of man hours (jobsite and office).				
Number of cases involving days away from work, restricted activity, or both (Column H and I of OSHA 300).				
Days away, restricted, or transferred rate (# of days away, restricted, or transferred cases x 200,000/# of man hours) (DART Rate).				
Number of serious, willful, or repeat violations from OSHA within the last 3 years. Please attach explanation for any violations. (Four serious, one repeat, or one willful disqualifies the contractor.)				

Please attach copies of the following documents: OSHA 300 and 300a Forms. These forms can be accessed through the OSHA publications search page:

<http://www.osha.gov/pls/publications/publication.html>.

2. Provide your six-digit North American Industrial Classification System (NAICS) Code for this acquisition: _____

3. Who administers your company's Safety and Health Program?

4. Company's Insurance Experience Modification Rate (EMR) for the past 3 years (an EMR of greater than 1.0 disqualifies the contractor): _____